

EDITORIALS

THE NOMENCLATURE OF DISEASES OF BONES AND JOINTS

The human mind, on recognizing an object, endeavors to put a name to it, and this is quite necessary in order that description and discussion may take place. Unfortunately, the mind has also a tendency to delude itself with the thought that investigation and exact knowledge may be avoided, provided an object be endowed with a name sufficiently scientific in its sound and all-embracing in its scope. Nomenclature, then, instead of being a help may become a hindrance, and the investigator may find himself hopelessly tangled in a net of ambiguous terms, which prevent him from making his meaning clear.

Diseases of bones and of joints well illustrate this point, probably on account of the obscure pathology of some of them. As the pathology of tuberculosis has become better understood, such terms as "caries sicca," "white swelling," and "scrofula" have slowly disappeared, but the nomenclature of the non-tuberculous arthritides is still so confusing that a reader is often quite unable to distinguish the meaning of the author he consults. What is arthritis deformans, osteoarthritis, rheumatoid arthritis, destructive arthritis, proliferative arthritis, degenerative arthritis, hypertrophic arthritis, atrophic arthritis, villous arthritis, metabolic arthritis? What is chronic rheumatism? The originator of each of these terms probably thought he knew what he meant by it, but how is anyone to guess at his meaning? Or how ascertain if he had any idea of the subject he was discussing? Osteoarthritis is, of course, an inflammation involving bone and joint, but its sponsor evidently does not wish us to attach that meaning to the term. Metabolic arthritis means everything and nothing. Villous arthritis is an arthritis characterized by the production of villi in the synovial membrane. The formation of villi is the reaction of the synovial membrane to any irritant, and is present in all forms of arthritis.

What is ankylosis? Let us ask a dozen medical men and tabulate their answers. Then let us attempt to define the various kinds of ankylosis, and again we are at sea.

A joint mouse has in our minds a fairly definite place, but to express our exact meaning is no easy task. The true joint mouse, as we well know, is found almost exclusively in the medial condyle of the adolescent femur. Some study is necessary to find out the exact reason for this, but the Germans avoided the difficulty by predicating a special disease for the condition and attaching to it the mouth-filling and awe-inspiring term, "osteochondritis dissecans." Accept the disease and the name, and no further investigation is necessary.

A very rare condition in the new-born is characterized by such a brittleness of the bones that they fracture easily and often. Call it "fragilitas ossium," and let it go at that. If we are still

unsatisfied, change the Latin to Greek, and substitute "osteopsathyrosis idiopathica." If uttered glibly enough, this term will defy pursuit and will serve to quiet almost any class of students.

In 1903 Osgood and Schlatter discovered independently and almost simultaneously a peculiar condition of the tibial tubercle in the adolescent. In spite of the disadvantages of calling a disease after the name of its discoverer, until the nature of this affection is definitely determined, most of us are fain to name it Osgood-Schlatter disease. But lo! Certain ambitious observers think, after seeing two or three cases, that they have solved the problem and attempt to settle the matter by clapping on a name. According to all the rules of the game, Ebbinghaus must be right, for his title is almost as imposing as all the rest—"epiphysitis tibiæ dissecans traumatica adolescentium." Poulsen is a poor second with "periostitis tuberositas tibiæ," while Leclerc, Blencke and Kennedy trail far behind with "apophysitis tibiæ" and "acute epiphysitis."

Many examples might be multiplied to show the need of intensive study of bones and joints, in order to clear up the confusion. The pathologist and the clinician must work hand in hand, or better yet, one man must combine pathology with clinical medicine and surgery. As a preliminary to his study, let him decide on a definition of the active constituent of all bones—the marrow.

STOCK HOSPITAL PROPAGANDA

A second word of caution is issued upon this subject because, since our former editorial, some physicians have invested in hospital propositions that are bound to be failures. Physicians should require that new projects have the endorsement of their organizations before taking part in them.

Many of the various new activities that are springing up all over the State, and all over the country for that matter, are sound and deserve the fullest co-operation and support both in service and money. Other proposed hospitals, sanitariums, clinics, associations and what not are impracticable, visionary, unsound or dishonest. The records of many of the good, as well as the unsound propositions, are in the offices of your organizations. Investigate before you endorse any proposition with your moral support, service or money.

ARE YOU GOING TO ST. LOUIS?

Members of our Society, who intend to go to the A. M. A. meeting at St. Louis, from May 22 to 25, are requested to write to the Secretary of the Medical Society of the State of California regarding the matter of transportation and accommodations.

If 125 or more physicians wish to go from Yosemite to St. Louis we will be able to secure special accommodations and other attractions for our members. In order to have a census to present to the railroad company, it is urgently requested that you inform the State Secretary without delay of your intentions.